

VERBATIM PROCEEDINGS
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT HEALTH INFORMATION
TECHNOLOGY AND EXCHANGE
ELIZABETH KEYES, ACTING CHAIRPERSON

FEBRUARY 19, 2013

101 EAST RIVER DRIVE
EAST HARTFORD, CONNECTICUT

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

RE: CT HEALTH INFORMATION TECHNOLOGY & EXCHANGE
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1 . . .Verbatim proceedings of a meeting in
2 the matter of Connecticut Health Information Technology
3 and Exchange, held at 101 East River Drive, East Hartford,
4 Connecticut on 2013 at 4:37 P.M.

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9 ACTING CHAIRPERSON ELIZABETH KEYES: I call
10 the meeting to order. For those of you who don't know me,
11 my name is Elizabeth Keyes. I'm the Executive Assistant
12 to Dr. Jewel Mullen of the Department of Public Health, so
13 I'm going to be here as her designee on the Committee for
14 a portion of the future I understand.

15 So without further adieu I guess our first
16 order of business would be the adoption of the previous
17 meeting minutes. I guess I need --

18 MR. BRUCE CHUDWICK: Is there a motion to
19 approve?

20 ACTING CHAIRPERSON KEYES: Do we have a
21 motion to approve the minutes?

22 MS. BRENDA KELLEY: So moved.

23 ACTING CHAIRPERSON KEYES: Moved by Brenda
24 Kelly, is there a second?

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1 MR. MARK RAYMOND: Second.

2 ACTING CHAIRPERSON KEYES: Second by Mark
3 Raymond, any discussion?

4 MS. BARBARA PARKS-WOLF: Yeah, just a
5 correction. I seconded the minutes -- the minutes says I
6 seconded something but I'm a non-voting member, so it
7 probably needs a correction.

8 MS. CHRIS KRAUS: I'll fix that.

9 ACTING CHAIRPERSON KEYES: Okay, anything
10 else? Alright, all those in favor?

11 ALL VOICES: Aye.

12 ACTING CHAIRPERSON KEYES: Alright, thank
13 you. The next item under No. 3, Board business, the first
14 item will be the Treasurer's report.

15 MS. KRAUS: I sent everyone all of the
16 financials that you get every month and these are as of
17 January 31st of this year. We have \$570,916.34 in our
18 Webster account. Current liability, this is on your
19 balance sheet, is \$2 million -- about \$2.5 million, and
20 our total liabilities and equity is the \$570,916.34.

21 If you go to your revenue and expenses our
22 total expenses to date are about \$2.34 million, net income
23 is a negative \$2,052,521.09. This is on the accrual basis
24 once again, so it includes the unpaid balances -- any

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1 unpaid balances. The third sheet is the unpaid balances
2 and that amount is \$3 million -- oh no, it's actually --
3 it's the same as it has been the last few months,
4 \$2,548,620.50, and all of these are from Axway. The cash
5 flow are the actual transactions for the month, that's on
6 your last sheet that was sent by e-mail. And for January,
7 total cash balance is \$611,000 -- oh, we started out with
8 \$611,000 and we spent \$40,303 for the month.

9 The payroll, we had an extra -- it depends
10 on how you hit the payroll so it was a little higher, next
11 month will be a little bit lower because of that. Any
12 questions? Okay.

13 ACTING CHAIRPERSON KEYES: Do we have a
14 motion to approve?

15 MALE VOICE: So moved.

16 ACTING CHAIRPERSON KEYES: Do we have a
17 second?

18 MALE VOICE: Second.

19 ACTING CHAIRPERSON KEYES: All those in
20 favor?

21 ALL VOICES: Aye.

22 MR. CHUDWICK: Any opposed? Okay.

23 ACTING CHAIRPERSON KEYES: Alright, next
24 item would be the election of the Vice

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1 Chairperson/Treasurer.

2 MR. CHUDWICK: As all the Board members
3 know, we've had a vacancy in the Vice
4 Chairperson/Treasurer seat since Tom left the Board. And
5 at this point I think the Commissioner and others are
6 ready to move forward to appoint a Vice Chairperson and
7 Treasurer as Mr. Mark Raymond. So what we'll do is -- in
8 order -- since this is an election technically we should
9 ask for nominations and second to the nominations and then
10 vote on the person that the Board would like to choose.

11 So is there a nomination for Mr. Raymond to
12 be Vice Chairperson/Treasurer of the Board?

13 DR. STEVEN THORNQUIST: I would like to
14 nominate --

15 MR. CHUDWICK: I'm not sure if you're a
16 voting member Steve because he's now in your seat.

17 DR. THORNQUIST: Okay, alright I withdraw
18 then. I don't want to --

19 MR. CHUDWICK: It's alright.

20 MS. ANGELA MATTIE: I'll be happy to
21 nominate Mark Raymond.

22 MR. CHUDWICK: Okay.

23 MALE VOICE: I second the nomination.

24 MR. CHUDWICK: Any other nominations?

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1 Okay, nominations are closed. All those I favor of Mr.
2 Raymond being the Vice Chairperson/Treasurer of the Board
3 of HITE/CT please signify by saying Aye.

4 ALL VOICES: Aye.

5 MR. CHUDWICK: Those opposed say no.

6 Motion is carried, you are duly elected Mr. Raymond.

7 MR. RAYMOND: Thank you very much.

8 ACTING CHAIRPERSON KEYES: And with that I
9 hand the meeting over --

10 MR. RAYMOND: So thank you all for coming.
11 I know that we're at an interesting point as it relates to
12 HITE/CT. I'm happy to take the role of Vice Chair and
13 help move this forward. I think it's a critical function
14 that we've signed up to provide and I think it's -- while
15 it is going to undergo some changes, I'm looking forward
16 to the challenge.

17 And I know it's not insignificant but I'm
18 hopeful through the process that we are able to engage
19 stakeholders much more closely in terms of what it is that
20 they need out of this initiative. And I think that will
21 be key to the success of what it is that we're trying to
22 do, so I appreciate your support and look forward to the
23 challenges ahead.

24 The next item on the agenda is a move to

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1 the executive session to get an update on the pending
2 contract claims with Axway. So I would ask if there's
3 anyone to make a motion in this regard.

4 DR. THORNQUIST: I move to go into
5 executive session to discuss pending issues with Axway.

6 MR. RAYMOND: Thank you, and a second?

7 MALE VOICE: Second.

8 MR. RAYMOND: Okay, all in favor?

9 ALL VOICES: Aye.

10 MR. CHUDWICK: And those invited into
11 executive session would include Ben Berger, who is on the
12 phone, from Updike Kelly & Spellacy --

13 MR. RAYMOND: Okay.

14 MS. MATTIE: Karen Buffkin --

15 MR. CHUDWICK: Karen Buffkin from OPM,
16 myself from Shipman & Goodwin -- let's see, I think we
17 have pretty much invited everyone in so the motion would
18 include those people to be in executive session along with
19 the Board members.

20 DR. THORNQUIST: I meant to say --

21 MR. CHUDWICK: The minutes will reflect
22 that. All those in favor of going into executive session
23 please signify by saying Aye.

24 ALL VOICES: Aye.

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1 MR. CHUDWICK: Those opposed say no.

2 Motion carries, we're in executive session.

3 MR. RAYMOND: Thank you.

4 (off the record -- executive session)

5 MR. RAYMOND: So thank you for that, we've
6 concluded our executive session. Moving on to item five
7 on the agenda, other business. John DeStefano, do you
8 want to take it from there?

9 MR. JOHN DeSTEFANO: Okay. So other
10 business updates, we don't have much here to cover. I'll
11 cover that in the CTO report. One thing that we want to
12 make clear to everybody, we did all agree on the first
13 Tuesday of the month for Board meetings into the future.
14 So we thank everybody for their agreement on that date.
15 It helps out and hopefully everybody can attend.

16 MS. KRAUS: Bruce, do we need a motion on
17 that?

18 MR. CHUDWICK: Yeah, we should vote on that
19 as a separate item under 5B, just to approve the regular
20 meeting schedule. So -- but that can come after your
21 update report, okay.

22 MR. DeSTEFANO: And then the extension of
23 legal services agreement, so we have legal services, two
24 partners, and we need to extend those now. So we do need

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1 a vote to just extend those services, they're hourly rated
2 services, and we'll use them when appropriate.

3 MS. KRAUS: There's two firms, Updike Kelly
4 & Spellacy and Bruce's firm, Goodwin and --

5 MR. CHUDWICK: Shipman & Goodwin.

6 MS. KRAUS: -- Shipman & Goodwin, it's been
7 a long week.

8 MR. CHUDWICK: And both -- Chris was good
9 to find that I think both of our contracts expire on
10 February 28th of this month, so to extend them for a year
11 under the contracts you can do two one year renewals
12 before you go back out to bid if you so want to do that.

13 DR. THORNQUIST: And this is for certain
14 maintenance legal services --

15 MR. CHUDWICK: Right, well it will be for
16 Updike for their ongoing services for litigation work and
17 other work on the contract and ours for the general
18 government's work.

19 DR. THORNQUIST: Alright --

20 MR. CHUDWICK: Should we do 5B first so
21 that the update is complete, or?

22 MR. DeSTEFANO: The update is complete.

23 MR. CHUDWICK: Okay.

24 MS. BETTYE JO PAKULIS: I just have a

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1 question on it. So are we going to extend it for a full
2 year or did I read somewhere where it was month-to-month?

3 MR. DeSTEFANO: We pay it by the hour.

4 MS. PAKULIS: We pay by the hour.

5 MR. DeSTEFANO: Right, so we don't incur --

6 MS. PAKULIS: Okay, so if we have them for
7 a year and we don't use them then they don't get paid,
8 okay, thank you.

9 DR. THORNQUIST: Now would it be in order?

10 MR. CHUDWICK: Well, 5B would be next for
11 the regular meeting schedule. So the first Tuesday of
12 every month, is what the polling -- the survey said I
13 guess?

14 MR. RAYMOND: So you need a motion for
15 that?

16 MR. CHUDWICK: A motion to approve the
17 regular meeting schedule, right.

18 MR. RAYMOND: Okay, second?

19 FEMALE VOICE: Second.

20 MS. KRAUS: Oh, a first and who seconded
21 it? (Indiscernible).

22 MR. RAYMOND: All in favor?

23 ALL VOICES: Aye.

24 MR. RAYMOND: Okay, so do we have our

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1 motion on the extension of the legal service agreements
2 for a 12 month period of time?

3 DR. THORNQUIST: I'll make that motion.

4 MR. RAYMOND: Thank you Steven, motion
5 made. Any seconds?

6 MS. KELLEY: Second -- Brenda.

7 MR. RAYMOND: Okay we heard Brenda, motion
8 seconded. All in favor?

9 ALL VOICES: Aye.

10 MR. RAYMOND: Any opposed? Okay, so moved.
11 Next item on the agenda is the HITE/CT agency business,
12 and the first sub point there is the CTO reports so I'll
13 turn it back to John DeStefano.

14 MR. DeSTEFANO: Thanks Mark. So we
15 distributed the draft, the Strategic and Operations Plan
16 update. Probably everybody hasn't had a chance to look at
17 it yet so broadly, it puts us more in line with what other
18 states are doing as far as trying to move Direct services
19 out as an initial phase to create some network affect in
20 the community and get a bunch of people connected so that
21 thereby you can deliver other services in the future,
22 which may be a little more profitable and sustainable in
23 nature.

24 Direct by itself for us, there's not a lot

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1 of income for us in there or any frankly much in the way
2 of sustainability from directly providing those services.
3 So that plan, and I'll speak to phase one of that which is
4 mostly the Direct stuff, you know, the plan centers around
5 a couple of points which have been successful in other
6 parts of the country. Frankly those same strategies have
7 been not so successful in some states too. But it does
8 focus around a voucher program so to be able to supply a
9 limited amount of service to providers free for a certain
10 amount of time and that can be discussed further. I have
11 a number of plans from other states and the actual voucher
12 agreement so -- and we have a lot of information to work
13 with and to create something quickly to move that type of
14 a program forward.

15 We'll probably do -- or I would suggest we
16 do it in two separate waves. So one initial wave to see
17 if we could get some providers connected and then to look
18 and see how that worked, what was success, what kind of
19 providers connected, what kinds of health care providers
20 we have in that mix, and then target another wave of
21 funding around that to further expand that network. So
22 that has been successful in a number of states and it's
23 been very successful in a number of states. It's been not
24 so successful in other states, but it is a suggested

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1 strategy to build some capacity in the state.

2 There's a number of other items in phase
3 one too, some about some operational items, but primarily
4 phase one would be focused on meeting the ONC targets and
5 goals around Direct messaging.

6 MR. RAYMOND: How do you want us to handle
7 comments since this is in draft format, do you --

8 MR. DeSTEFANO: So I have some comments
9 from you Mark, and if we can have comments, if you just
10 want to submit the form to me you can fax them to me or we
11 can get on the phone and discuss them so that we can get a
12 revised version of this together quickly because we need
13 to actually get it together pretty quickly.

14 MS. KELLEY: What is your deadline?

15 MR. DeSTEFANO: Well, we missed the initial
16 deadline to have this in and for probably obvious reasons
17 around, you know, what it says and our change of
18 direction. That took some time to come to that
19 conclusion, that this change of direction was how we
20 needed to move forward.

21 So as quickly as you can get them to me,
22 I'd like to have it finalized for approval maybe within
23 the next week or so. At least a good draft that we could
24 give to DPH so that they could start looking at it because

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1 we can't -- we have to submit this to DPH and then they
2 will have to submit it to ONC for approval.

3 MS. KRAUS: It was actually due February
4 9th according to our contract with DPH and an update to
5 the SNOP. But we had worked with ONC and so we were going
6 to completely revise it. So because our first Board
7 meeting was cancelled, I told DPH that we were waiting to
8 hear from the Board for comments but it's due to ONC by
9 February 28th --

10 MR. DeSTEFANO: Right.

11 MS. KRAUS: -- with approval first from
12 DPH.

13 MR. DeSTEFANO: So it's a short timeframe.

14 MS. MATTIE: So by the end of the week?

15 MR. DeSTEFANO: The end of the week would
16 be great, you know, no later than Monday or Tuesday of
17 next week.

18 MS. KELLEY: You had other things attached
19 to the --

20 MR. DeSTEFANO: Yeah, so --

21 MS. KELLEY: -- so what is it that we're
22 reviewing?

23 MR. DeSTEFANO: You're reviewing the
24 revised Strategic and Operational Plan.

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1 MS. KELLEY: But there's also --

2 MR. DeSTEFANO: Yeah, there are some
3 timelines there. The timeline is -- again, in draft it's
4 more tentative. And we need to put some stakes in the
5 ground as far as when we will have the voucher program
6 complete and various other pieces of that phase one
7 program complete because the contract goes into the matrix
8 next and we need to report out on those items.

9 So there is a timeline included in it just
10 to review more or less -- and that timeline follows what's
11 in the Plan. So I would say if you could just concentrate
12 on the Plan and as we get comments and feedback on that we
13 can review those timelines because we may in fact have to
14 revise them based on the feedback we get back. The
15 expenses are part of what was sent out too, very
16 preliminary. And I'm going to talk just in a couple of
17 minutes about where those expenses -- or where the dollars
18 came from as far as the thinking behind it.

19 On phase two of what's in that new Plan
20 gets us more in line with the query response model that we
21 had envisioned in the beginning, not to the extent of the
22 utility model but more in line with what a lot of other
23 states have done as far as revision around their first go
24 forward point with what was the utility model. So I did

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1 send out an e-mail today and it was late so probably you
2 may not have gotten a look at it yet, but I would suggest
3 you take a look at it. Those were numbers that came back
4 from ONC just recently around how states are doing. And
5 if you look on it, 39 states have successfully implemented
6 Direct on a large scale in the state, up from the last
7 reporting period by I think eight or nine states.

8 And there's also 25 states that have
9 implemented a query response-type model also. So the
10 combination of the two of them really is where we want to
11 get to in the future and what will provide the most value
12 to frankly the people of Connecticut as far as having
13 portable health data. The first phase is that phase that
14 sets up the second phase. It builds the network, it
15 allows us to bring partners in, it gets interest in it,
16 and it really is an important part of it. But the second
17 phase is really where, if there are services that HITE/CT
18 can offer to make us sustainable, that's really where
19 probably the majority of them are going to come from. So
20 it's also an important part of our future.

21 That -- the Plan is less specific around
22 that because I think we sort of missed the mark a little
23 bit in the first go around in not really engaging the
24 community specifically, and very specifically what's

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1 important to them, how could an organization -- a company
2 like HITE/CT help their efforts. So where do we really
3 fit? And I think once we define that a little bit more
4 specifically -- and part of phase two is to have those
5 conversations with stakeholders. Once we define that a
6 little bit more specifically then we can be more specific
7 about exactly what services we will provide in phase two.

8 There's also -- I sent around a very, very
9 draft copy, and I know Mark saw it and he's got all kinds
10 of blue things on it here, but again, it was more or less
11 a draft of an enterprise architecture group who could
12 define really what phase two and phase one look like
13 together, what kinds of services HITE/CT would offer, so
14 it's more or less an outline of how one might look. The
15 suggestion here -- and again, our suggestions, until we
16 get back to our stakeholder group and our stakeholder
17 community and ask them what should HITE/CT as being that
18 organization designated by the State of Connecticut help
19 provide these services, what should we be offering? What
20 is valuable to your organization? Frankly, what are the
21 things that you probably aren't going to offer, those
22 gaps, that's where I think is our place in the future at
23 least to begin with.

24 We have to be cognizant of two things, we

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1 have to make sure that patients in the state -- the people
2 are provided for and they have secure and portable -- a
3 secure and portable health record and that we find a
4 business place in the state where we can provide services
5 that we can actually get paid for. So a brief recap of
6 what's in there, if you would be so kind as to read it and
7 give me some feedback, that would be great. Brenda?

8 MS. KELLEY: I just want to ask a
9 procedural thing. So in order for this to be submitted to
10 ONC, this requires approval by this Board?

11 MR. DeSTEFANO: It does require approval by
12 the Board. So given that we may -- can we do approval via
13 --

14 MR. CHUDWICK: What we've done in the past
15 is we -- well, we'd have a special meeting --

16 MR. DeSTEFANO: Yup.

17 MR. CHUDWICK: -- or we've done a lot of
18 delegation to either Committees or to the Chair or Vice
19 Chair/Treasurer to make final approval on sending the --
20 you know, take action. So I suggest if you -- maybe if
21 the Board members can send in comments to John and then
22 authorize by Chairperson/Treasurer to complete the
23 application and file it on behalf of the Board by February
24 28th, if that's the due date, so that does get in.

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1 MS. KELLEY: My other procedural question
2 is are the comments that have been submitted, as I hear
3 you had submitted comments and will hopefully be
4 submitted, are they public comments or because this is
5 still a draft plan --

6 MR. CHUDWICK: It is probably a preliminary
7 draft that would be exempt from FOI disclosure --

8 MS. KELLEY: -- that's what I'm asking.

9 MR. CHUDWICK: -- if you wanted to do that.
10 But what I'd suggest is that any comments go to John, we
11 then can do a blackline of this to show any changes from
12 this to the final before it gets submitted, and authorize
13 Mark to go ahead and file it by then.

14 MS. KELLEY: But the comments we're
15 submitting are not subject to FOI because this is not a
16 final?

17 MR. CHUDWICK: If you wanted to claim an
18 exemption you probably could claim an exemption if someone
19 were to make an FOI request, right.

20 MR. DeSTEFANO: So I would ask then that --
21 well, we can pick that up after as far as some motion to
22 allow Mark to be able to submit them on ITT's behalf.

23 MR. RAYMOND: Okay, does that address --
24 under the CTO report does that address the three items

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1 that are there because I really only spent time talking
2 about the third bullet under the CTO report?

3 MR. DeSTEFANO: Right, two other -- the two
4 other items -- so the Rhode Island quality and to issue
5 around a Direct Marketplace is actually part of the newer
6 plan, so it is mentioned in there. We continue to have
7 discussions with Rhode Island, we actually have a meeting
8 next week with the Rhode Island Quality Institute and
9 Lawrence Memorial Hospital; Lawrence Memorial Hospital is
10 in the process of purchasing Westerly Hospital.

11 So we will have cross-state information
12 exchange probably in a very short time and both of us
13 would like to be involved in that. Rhode Island certainly
14 is very interested in it and, you know frankly it does,
15 from the perspective of future grants and working with the
16 ONC on various projects, this is interesting to them
17 frankly because of the cross-state nature of it and how
18 exactly that would be operationalized. So we will have
19 that meeting with them next week. The Direct Marketplace
20 if this Plan is approved, then that is part of the Plan to
21 execute on that Direct Marketplace Agreement with Rhode
22 Island so that we would become -- or we would participate
23 in their Direct Marketplace, which would give us a number
24 of venders that Connecticut providers could use for Direct

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1 services.

2 So that's where that is. I don't -- is
3 there further questions or comments?

4 MS. KELLEY: Yeah, I have a question on the
5 Marketplace.

6 MR. DeSTEFANO: Sure.

7 MS. KELLEY: Do we have venders as a state?

8 MR. DeSTEFANO: There are many venders in
9 the state, none currently really are operational on a
10 large scale with any Direct services. So there are a
11 number of venders in the state who have Direct services,
12 Quest being one of them, Cerner being another one. Those
13 are two EHR venders.

14 MS. KELLEY: So I'm assuming that if we
15 participate with Rhode Island it's not just that we have
16 access to their venders but our venders would perhaps --

17 MR. DeSTEFANO: Join.

18 MS. KELLEY: -- have some preference in
19 their Marketplace?

20 MR. DeSTEFANO: Well, so --

21 MS. KELLEY: That's what I'm asking.

22 MR. DeSTEFANO: -- yes, so they would.
23 They would be able to join but Rhode Island, to join the
24 Marketplace they have to meet the requirements. And they

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1 go back to all of that technology part of Direct, which is
2 to meet the applicability statement for secure health
3 transport. So they have to meet the technology part,
4 there's also accreditation now that Directtrust.org is
5 doing to accredit Direct venders not only on technology
6 but also on policy and procedure. So in the future from a
7 national perspective this is frankly the direction that a
8 lot of venders are going -- they're seeking -- they will
9 seek in the future.

10 There's a beta test or a beta period going
11 on right now with six venders, but in the future really to
12 operate a Direct -- to be a Direct vender in the future
13 probably you're going to have to be accredited by
14 Directtrust.org. That opens up the possibility then,
15 because of the way it works, for you to do cross-state
16 exchange securely frankly because of the way
17 Directtrust.org has frameworked the whole thing. So Rhode
18 Island is a partner of Directtrust.org, they do all the
19 administrative functions for Directtrust.org. So we're --
20 you know, them being a partner and being frankly the first
21 one in the country to put this Direct Marketplace approach
22 forward, at least I am very comfortable with them.

23 And if the Board needs some more convincing
24 I'd be happy to try to do that. Did that answer your

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1 question?

2 MS. KELLEY: It does. I guess what I don't
3 understand is -- and this isn't about being uncomfortable
4 with them. That's not really what I'm asking, but what do
5 we get in this partnership -- you know, let's say we
6 decided not to do it.

7 MR. DeSTEFANO: Right.

8 MS. KELLEY: And we have these networks
9 that are being established in Connecticut and they want to
10 use a Rhode Island Marketplace vender. Are they going to
11 be somehow prevented from doing that?

12 MR. DeSTEFANO: No, they could use the
13 Rhode Island Marketplace vendors right now. The way the
14 Marketplace in Rhode Island is set up, it's not exclusive
15 to just Rhode Island providers. So somebody from
16 Massachusetts can use it, somebody from Connecticut --

17 MS. KELLEY: And Quest could, if they met
18 their requirements, could go there and get accredited?

19 MR. DeSTEFANO: -- right, Quest could join
20 also.

21 MS. KELLEY: Yeah, so what is it that we
22 get by saying we're part of it? I guess that's different?

23 MR. DeSTEFANO: We get access to their
24 mature Marketplace. We also -- you know, frankly again

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1 going back to that interstate cooperation, so not just
2 because we're going to exchange data across state lines
3 but there is a push. And again, I don't want to waste --
4 not waste, but spend too much of everybody's time on this.
5 But for us to start looking at how we can form agreements
6 with other states who are already doing this and frankly
7 save costs, if we could set up a Direct Marketplace up
8 ourselves we would go through the cost of doing that, not
9 that it's a lot.

10 It's a lot of time frankly, not so much
11 dollar-wise cost. But if we could take advantage of these
12 resources that are already out there in the community from
13 other states, then I think it makes sense to do that and
14 it bodes well I think for Connecticut's willingness to
15 move forward using more creative strategies and that looks
16 good to our ONC partners.

17 MS. KELLEY: Okay, thank you.

18 MR. DeSTEFANO: Okay, so just a couple --
19 or actually just one other thing that I wanted to talk
20 about under other business. We did visit Maine for the
21 second time. And I've had a number of conversations with
22 the Maine Health Information Exchange, which is Health
23 Infonet. So quickly just to recap, because I think we've
24 talked about this before.

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1 But they set up shop in about, I think it
2 was 2008. They are a dot org, they are not affiliated
3 with the state in any way other than they did get the
4 grant funding -- the Health Information Exchange grant
5 funding. They're probably -- and as Minakshi was with me
6 too at the last ONC grantee meeting, they're probably the
7 most efficiently run, if not the most successful, Health
8 Information Exchange in the country. I take that back,
9 they probably are -- you know, from all outside
10 perspectives that other states have looked at they have
11 basically contracts with every hospital in the state
12 except for one, which they expect to get soon. They have
13 360 provider organizations hooked up to their Exchange.

14 Their operational costs for their
15 technology is under \$1 million a year for that
16 infrastructure and they're looking for ways -- they do
17 believe there are ways that can even bring that down
18 further. So there's a lot to be learned from Maine and
19 again, going back to those possible negotiations or
20 agreements or business contracts even that we can form
21 with other states that are already doing this and doing it
22 very well, you know, Maine is certainly one that has a lot
23 of potential in that area. So we learned a lot from Maine
24 and some of the numbers actually that I had put in the

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1 back in the revised Plan around how much it would cost to
2 operate an infrastructure were based sort of roughly on
3 costs from Maine and Rhode Island.

4 But that's for us to have our own really
5 and if you think of the concept of, you know, maybe we
6 want to rent it from some state that's already doing a
7 real good job of it, those possibilities exist too. So as
8 I said, the numbers in the back are rough. I don't think
9 that \$3 million a year could do something like this
10 probably on a state level is unreasonable. although I do
11 think we can even do it for less than that.

12 MS. KELLEY: How did they fund it?

13 MR. DeSTEFANO: So the five large employers
14 in Maine got together with some of the hospital groups
15 back in 2006 I think, and they said it's costing us too
16 much to take care of our employees, we're all self-
17 insured, we need to find ways to reduce tests and that
18 type of thing, and it was funded initially that way. The
19 hospitals all pay, it's about \$600 a bed, far more than
20 our hospitals are willing to pay for a bed per year.

21 The provider groups I think pay around,
22 depending on the size of the group, around \$600 a year to
23 be connected. They have a number of other services that
24 they offer around alerting services for patients going

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1 from one provider to another. Again, you're admitted to a
2 hospital or discharged from a hospital, the ability to put
3 data back to a provider when a patient leaves the hospital
4 based on those alerting messages so they can send that
5 provider a complete package of data. They're doing a lot
6 of interesting work with Yale now on imaging and statewide
7 imagining and really reducing the cost of imaging that
8 normal hospitals would pay for the infrastructure to hold
9 the images and store them. So they have all kinds of
10 service lines that they're coming up with.

11 And the reason that they're there where
12 they are is because they have developed this network.
13 They have a way to touch these providers and once you get
14 that in place, then these types of services start to
15 present themselves. So they're very far along in the
16 curve and from that perspective they're very mature.
17 Their funding right now comes from those revenues and
18 about -- they're over 20 percent right now for grant
19 funding. But they believe in the future that even though
20 they are getting paid for these services, to continue
21 operations and to roll out new services they need -- 20
22 percent of their income has to come from grant funding.

23 MS. MATTIE: At some point once we get over
24 this lawsuit it would be interesting to invite them down

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1 and see what they're like --

2 MR. DeSTEFANO: Oh, they would like to come
3 -- both them and Rhode Island would like to come and talk
4 to the Board about what's going on in both of those
5 states. Both of those states are very far along --

6 MS. KELLEY: When the Special Populations
7 Committee was working on a -- I'm trying to figure out
8 what we called it, but the understanding around consent,
9 that was one of the top states that we identified -- that
10 I took a look at. I didn't go visit them or anything but
11 they had -- you know, they had already wrestled with those
12 issues. They had a website that had tons of information
13 on it. I think you used -- you know, we've used that as
14 one of the examples.

15 Colorado was another one that I remember we
16 used. So I was very excited about what I saw -- I mean,
17 it looked like where we were trying to head.

18 MR. DeSTEFANO: So interacting with those
19 two states -- Rhode Island and Maine have the opposite
20 consent policy. Maine is, you know, opt-out, and Rhode
21 Island is totally opt-in.

22 MS. KELLEY: Right.

23 MR. DeSTEFANO: So --

24 MS. KELLEY: And Maine got a -- if I

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1 recall, and I'm doing this from memory now, but they did
2 have a challenge to that opt-out --

3 MR. DeSTEFANO: Yup.

4 MS. KELLEY: -- and they went to the
5 Legislature and it got upheld, they could do that. But it
6 was controversial just like it has been in Connecticut.

7 MR. DeSTEFANO: Yeah, so you -- there's a
8 lot to learn and two of the most successful Health
9 Information Exchange efforts in the country are basically
10 in our backyard and they're more than willing to share
11 their experiences and potentially come to some other
12 agreements with us as far as potentially providing some
13 services.

14 So we'll just circle back now to a motion
15 to --

16 MR. CHUDWICK: So what you need is, you
17 need comments from the Board for the revised Strategic and
18 Operational Plan and then approval by the Board or
19 delegation of the approval to the Vice
20 Chairperson/Treasurer to submit the plan to DPH and ONC is
21 that correct?

22 MR. DeSTEFANO: That's correct.

23 MR. CHUDWICK: Okay. Is there a motion to
24 that effect?

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1 MR. RAYMOND: So moved.

2 MR. CHUDWICK: Moved by the Commissioner,
3 is there a second?

4 DR. THORNQUIST: I'll second it.

5 MR. CHUDWICK: Seconded by Steve.

6 Discussion? And it's due by February 28th is it Chris --
7 okay. So comments need to come in --

8 MS. KRAUS: It has to be approved by DPH
9 first.

10 MR. CHUDWICK: -- right, so comments by the
11 end of this week I think is what --

12 MR. DeSTEFANO: That would be great.

13 MS. MATTIE: I would just like to
14 acknowledge John and Chris. It's going to be a tough row
15 to work under these circumstances and you continue to be
16 creative and push through, so thank you.

17 MR. DeSTEFANO: Well thank you, we
18 appreciate that.

19 MS. KRAUS: Yeah.

20 MR. CHUDWICK: All those in favor of the
21 motion please signify by saying Aye.

22 ALL VOICES: Aye.

23 MR. CHUDWICK: Those opposed say no.

24 Motion carries.

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1 MR. CHUDWICK: Sorry Mr. Vice-Chairperson,
2 I just kind of jumped in there and --

3 MR. RAYMOND: I appreciate that.

4 MR. CHUDWICK: -- you've got a little more
5 authority there.

6 MR. RAYMOND: Thank you very much. Next on
7 the agenda are Committee updates. So do we have any
8 Committee updates?

9 MR. DeSTEFANO: No updates.

10 MR. RAYMOND: No updates.

11 DR. BUCKMAN: Mark, this is housekeeping.
12 It's that time a year again for ethics reporting and I'd
13 like to remind everybody to get it in by May 1st. If you
14 have any questions you can -- I can send something to
15 Chris and you can send it out to the Board members.

16 MS. KELLEY: I would appreciate it if you
17 would.

18 MR. RAYMOND: Yeah, please do that.

19 DR. BUCKMAN: Okay.

20 MR. RAYMOND: Okay, any other comments?
21 Alright, next on the agenda is public comment. Do we have
22 any public comments today? Hearing no public comments,
23 next on the agenda is an adjournment.

24 DR. THORNQUIST: Motion to adjourn.

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1 MR. MASSELLI: Second.
2 MR. CHUDWICK: All in favor say Aye.
3 ALL VOICES: Aye.
4 MS. KRAUS: Who gave the motion to adjourn?
5 MR. CHUDWICK: I know Mark seconded it,
6 Steve made the motion -- Steve made a motion, Mark
7 seconded it.
8 (Whereupon, the meeting was adjourned at
9 6:13 p.m.)